



CITY OF SAN RAMON
Building & Safety Services Division

RE-SUBMITTAL REQUEST

Date: _____ Permit No. _____

Job Site Address _____

Owner/Tenant Name: _____

Reason for Re-Submittal

Per Building Division Plan Checkers Request

Per Planning Division Request

Per Engineering Division Request

Revisions

Other: _____

Response letter or summary of revision letter. ***Re-submittal Requests without a response letter or summary of revision will not be accepted.***

Comments: _____

Contact Person: _____ Telephone: _____

Email Address: _____

OFFICE USE ONLY

Routed to: BUILDING PLANNING ENGINEERING

_____ Structural _____

_____ Architectural _____

_____ Electrical _____

_____ Mechanical _____

_____ Plumbing _____

_____ Other _____

Plan Check Results

Red-marks to be transferred? If checked, provide which sheets _____

Disapproved, see comments By: _____ Dept: _____ Date: _____

Approved, see comments By: _____ Dept: _____ Date: _____